DME BILLING INSTRUCTIONS AND Modifier Sequence Usage

New national DME modifiers for equipment, replacement parts, repair, and labor are as follows:

- **NU** – New equipment purchase
- **RR** – Rental
- **RP** – Replacement and Repair

Instructions for the use of the modifiers follows. **Please NOTE:** Currently the Medi-Cal TAR system is unable to issue TAR’s with multiple modifiers, to compensate for this the Medi-Cal claims billing system requires modifiers to be listed in a specific order on the claim form. Providers must list the modifiers on their claim in the order specified in the provider manual.

The SAR system is capable of issuing multiple modifiers; multiple modifiers are listed on the SAR in alphabetic order. However, this may conflict with the order required for billing. All CCS claims (CCS, CCS/Medi-Cal, or CCS/HF) will pay regardless of the order of the modifiers on the SAR, **IF** the provider follows the EDS billing instructions and lists the modifiers on the claim in the order specified in the Medi-Cal Provider Manual regardless of the order the modifier is listed on the SAR.

1. **Repair and/or replacement of DME items with a specific HCPCS code:**
   - For replacement of an item needed for patient-owned equipment – use the HCPCS code for the specific item and modifier – **NU** and **RP**. Both modifiers must be on one SAR line, (ex. E1122NURP).
   - For repair of non-wheelchair items only – use the HCPCS code for the item **being repaired** and modifier **RP** only. The following must be provided on the authorization:
     A. Description of the repair provided
     B. Manufacturer name
C. List of parts used in repair with their catalog number and cost

2. Repair and/or replacement of unlisted DME items
   • Unlisted wheelchair items – use HCPCS code **K0108** and –**NU** and –**RP**
   • Unlisted replacement parts for non-wheelchair equipment—use HCPCS code **E1399** and –**NU** and –**RP**.

   The following documentation must be included on the authorization:
   • Description of service provided
   • Manufacturer name
   • List of parts used, their catalog number and cost.

   Both modifiers must be on one claim line, (ex. E1399NURP) or (K0108NURP).

3. Labor
   • Labor for patient owned DME must be authorized with HCPCS code **E1340** and modifier –**RP** only. The provider must state on the claim that the equipment is patient—owned (Box 19).
   • Labor for repair may not be authorized for equipment that is under warranty or rented. Labor for necessary periodic calibration or routine servicing (not repair) may be authorized for owned equipment still under warranty. Ex. —annual cleaning, filter change for owned oxygen concentrator.
   • All labor is authorized in units of 15 minutes. The provider must justify time requested when asked for clarification by the County.
   • All labor required for equipment purchased for CCS clients must be prior authorized. The provision in Medi-Cal that allows up to 12 units of labor without authorization does not apply to CCS clients.

4. Accessories and Supplies for DME
   The following codes for accessories or supplies for DME may be authorized only for patient-owned equipment.** They must be billed with modifier –**NU** only, and labor is not authorization:

   A4230 - A4232 Insulin Pump Infusion Set
   A4556, A4557, A4595 Electrodes and leads
   A4615, A4619, A4620 Nasal Cannula, facemasks
   A4632 Battery replacement for infusion pump, any kind
   A4635, A4636, A4637 Crutch and cane replacements tips and pads
   A7000, A7001 Canisters for suction pumps
   A7005 Nebulizer administration set, non-disposable
   A7030 – A7039, A7044 Masks, filters, tubing etc. for CPAP
   A7046 Humidifier for CPAP

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EO555  Replacement humidifiers for oxygen delivery
E1355  Equipment stand, rack
E2360, E2365, and K0601 – K0605  Batteries
E0552  Supplies for external infusion pump

** This partial list contains those items most commonly encountered by CCS.